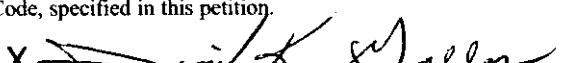
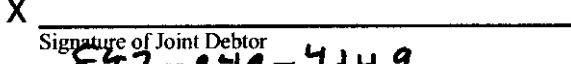
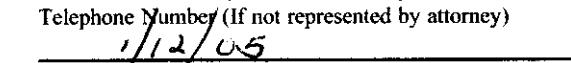
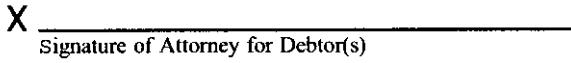
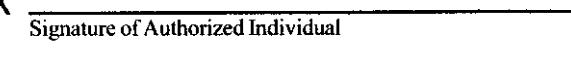
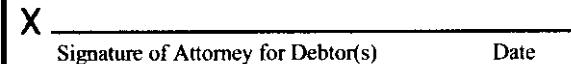
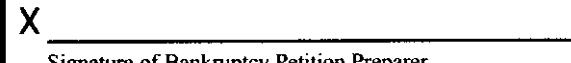


(Official Form 1) (12/03)

FORM B1 United States Bankruptcy Court Northern District of Illinois			Voluntary Petition																	
Name of Debtor (if individual, enter Last, First, Middle): Gallas, Daniel Keith		Name of Joint Debtor (Spouse) (Last, First, Middle):																		
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																		
Last four digits of Soc.Sec.No./Complete EIN or other Tax I.D. No. (if more than one, state all): XXX-XX-1990		Last four digits of Soc.Sec.No./Complete EIN or other Tax I.D. No. (if more than one, state all):																		
Street Address of Debtor (No. & Street, City, State & Zip Code): 134 S. Southport Rd. Mundelein IL 60060		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																		
County of Residence or of the Principal Place of Business: Lake		County of Residence or of the Principal Place of Business:																		
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																		
Location of Principal Assets of Business Debtor (if different from street address above):		DISKETTE																		
<h3>Information Regarding the Debtor (Check the Applicable Boxes)</h3> <p>Venue (Check any applicable box)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p>																				
Type of Debtor (Check all boxes that apply) <table> <tr> <td><input checked="" type="checkbox"/> Individual(s)</td> <td><input type="checkbox"/> Railroad</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Stockbroker</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Commodity Broker</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Clearing Bank</td> </tr> </table>		<input checked="" type="checkbox"/> Individual(s)	<input type="checkbox"/> Railroad	<input type="checkbox"/> Corporation	<input type="checkbox"/> Stockbroker	<input type="checkbox"/> Partnership	<input type="checkbox"/> Commodity Broker	<input type="checkbox"/> Other _____	<input type="checkbox"/> Clearing Bank	Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <table> <tr> <td><input type="checkbox"/> Chapter 7</td> <td><input type="checkbox"/> Chapter 11</td> <td><input checked="" type="checkbox"/> Chapter 13</td> </tr> <tr> <td><input type="checkbox"/> Chapter 9</td> <td><input type="checkbox"/> Chapter 12</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding</td> </tr> </table>		<input type="checkbox"/> Chapter 7	<input type="checkbox"/> Chapter 11	<input checked="" type="checkbox"/> Chapter 13	<input type="checkbox"/> Chapter 9	<input type="checkbox"/> Chapter 12		<input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding		
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Nature of Debts (Check one box) <table> <tr> <td><input checked="" type="checkbox"/> Consumer/Non-Business</td> <td><input type="checkbox"/> Business</td> </tr> </table>		<input checked="" type="checkbox"/> Consumer/Non-Business	<input type="checkbox"/> Business	Filing Fee (Check one box) <table> <tr> <td><input checked="" type="checkbox"/> Full Filing Fee attached</td> </tr> <tr> <td><input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only)</td> </tr> <tr> <td>Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments.</td> </tr> <tr> <td>Rule 1006(h) See Official Form No. 3</td> </tr> </table>		<input checked="" type="checkbox"/> Full Filing Fee attached	<input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only)	Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments.	Rule 1006(h) See Official Form No. 3											
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Rule 1006(h) See Official Form No. 3																				
Chapter 11 Small Business (Check all boxes that apply) <table> <tr> <td><input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101</td> </tr> <tr> <td><input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)</td> </tr> </table>		<input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101	<input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)	U.S. Bankruptcy Court Northern District Of Illinois																
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Statistical/Administrative Information (Estimates only) <table> <tr> <td><input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</td> </tr> <tr> <td><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses are paid, no funds available for distribution to unsecured creditors.</td> </tr> </table>				<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.	<input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses are paid, no funds available for distribution to unsecured creditors.															
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Estimated Number of Creditors		1-15 <input checked="" type="checkbox"/> 16-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/>																		
Estimated Assets <table> <tr> <td>\$0 to \$50,000 <input checked="" type="checkbox"/></td> <td>\$50,001 to \$100,000 <input type="checkbox"/></td> <td>\$100,001 to \$500,000 <input type="checkbox"/></td> <td>\$500,001 to \$1 million <input type="checkbox"/></td> <td>\$1,000,001 to \$10 million <input type="checkbox"/></td> <td>\$10,000,001 to \$50 million <input type="checkbox"/></td> <td>\$50.01 to \$10 <input type="checkbox"/></td> </tr> </table>				\$0 to \$50,000 <input checked="" type="checkbox"/>	\$50,001 to \$100,000 <input type="checkbox"/>	\$100,001 to \$500,000 <input type="checkbox"/>	\$500,001 to \$1 million <input type="checkbox"/>	\$1,000,001 to \$10 million <input type="checkbox"/>	\$10,000,001 to \$50 million <input type="checkbox"/>	\$50.01 to \$10 <input type="checkbox"/>										
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1:05BK04503-BK001

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s):	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location Where Filed:	Case Number:	Date Filed:	
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint)			
I declare under penalty of perjury that the information provided in this petition is true and correct.			
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.			
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.			
 Signature of Debtor			
 Signature of Joint Debtor			
Telephone Number (If not represented by attorney) 			
Date 			
Signature of Attorney			
 Signature of Attorney for Debtor(s)		Date	
Printed Name of Attorney for Debtor(s)			
Firm Name			
Address			
Telephone Number			
Date			
Signature of Debtor (Corporation/Partnership)			
I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.			
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.			
 Signature of Authorized Individual			
Printed Name of Authorized Individual			
Title of Authorized Individual			
Date			
Exhibit A			
(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)			
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.			
Exhibit B			
(To be completed if debtor is an individual whose debts are primarily consumer debts)			
I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.			
 Signature of Attorney for Debtor(s)		Date	
Exhibit C			
Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input type="checkbox"/> No			
Signature of Non-Attorney Petition Preparer			
I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.			
Printed Name of Bankruptcy Petition Preparer			
Social Security Number			
Address			
Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:			
If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.			
 Signature of Bankruptcy Petition Preparer			
Date			
A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.			

In re Gallas, Daniel Keith,
DebtorCase No. _____
(If known) _____**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 8740042435925			134 S Southport Mundelein IL				204,000	
Ameriquest Mtge. 505 City Pkwy W Orange, CA 92868			VALUE \$					
ACCOUNT NO. 8740042435925			Same				Same	
Ameriquest Mtge. P. O. Box 51382 Los Angeles CA 90051-5682			VALUE \$					
ACCOUNT NO. 04 CH 676			Same (Attorney for Mortgage Co.)				Same	
Argent Mtge. Pierce & Assoc. 18 S. Michigan 12th Floor			VALUE \$					
ACCOUNT NO. Chqo IL 60603			VALUE \$					

continuation sheets attached

Subtotal ► (Total of this page)	\$
Total ► (Use only on last page)	\$

(Report total also on Summary of Schedules)